

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/350630

FILING DATE

20 SEP 1999

APPLICANT(S)

Naykawa

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		2				
8	1					
9		0				
10		0				
11		2				
12		2				
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50						
TOTAL IND.	3					
TOTAL DEP.	15					
TOTAL CLAIMS	18					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL DEP.												
TOTAL CLAIMS												